



Attorney's Docket No.: 042390.P6602

Patent

In re the Application of: Yount et al.
(inventor(s))

Application No.: 09/475,526

Filed: December 30, 1999

For: A Method and Apparatus for Generation of Validation Tests

RECEIVED

(title)

APR 14 2004

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

Technology Center 2100

SIR: Transmitted herewith is an Amendment for the above-referenced application.

 Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OTHER THAN A SMALL ENTITY | |
|--|-----------------------------|----------|---------------------------------|---------------|----------------|----------------|---------------------------|----------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | Rate | Additional Fee |
| Total Claims | 25 | Minus | 25 | 0 | X9 | \$ | X18 | \$ |
| Indep. Claims | 3 | Minus | 3 | 0 | X43 | \$ | X86 | \$ |
| First Presentation of Multiple Dependent Claim(s) | | | | | +145 | \$ | +290 | \$ |
| | | | | | Total Add. Fee | \$ | Total Add. Fee | \$ 0.00 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

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Leah Schwenke

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Signature

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Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
_____ 37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.
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BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

Date: April 8, 2004

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